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ABSTRACT

This paper discusses the issues that should be addressed in an undergraduate course dealing with the psychosocial implications of AIDS (Acquired Immune Deficiency Syndrome). These issues are: (1) the medical aspects of HIV infection and transmission; (2) death and dying versus life and living; (3) homosexuality; (4) intravenous drug use; (5) issues involving AIDS and the Third World, minorities, women, and children; (6) the use of psychoneuroimmunology; (7) the stress and strain felt by health care, helping professionals, friends, and family and the support they need; and (8) the religious problems involving attitudes towards homosexuality, condom use, and the training of clergy in HIV-related issues. Other teaching requirements are listed, such as the need for adequate instructor education in AIDS and the issues surrounding AIDS, the need for the instructor to review a wide variety of texts on the subject, and an awareness of the use of audiovisuals and the copyright restrictions concerning their use. (GLR)

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Issues in the Development of Undergraduate Courses on the Psychosocial Implications of AIDS

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PRESENTED AT THE 98TH. ANNUAL CONVENTION OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION

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I would like to dedicate this paper to all of those who do their best to help fight against the epidemic of AIDS, in whatever ways they can. I would like to thank a friend, Tom Rodgers, with whom I have shared some key incidents since 1983 that have helped define my approaches to this epidemic. In addition, living in one of the American epicenters, San Francisco, his personal courage and endurance as he helps so many others is courageous. I would also like to note that just before leaving for this conference, I met with the President of the University of Wyoming, and both he and the central administration are highly supportive of the formation of a campus-wide AIDS Education Task Force, to focus both on the development of curricula and other programs geared toward AIDS awareness and education.

Issues in the Development of Undergraduate Courses on the Psychosocial Implications of AIDS

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In S. R. Heyman (Chair) Psychosocial Implications of AIDS: Teaching Classes in Undergraduate Psychology Programs. A symposium presented on August 13, 1990, at the 1990 meeting of the American Psychological Association, Boston, MA.

There are a number of issues that present both potential pitfalls and exciting challenges as one prepares to teach a class dealing with the PSYCHOSOCIAL implications of AIDS. I highlight psychosocial because it is possible to teach this course from a more strictly medical or public health model, and to circumvent the more difficult psychosocial issues. I am assuming that a course like this, offered within a psychology department, will focus to a much greater extent on the psychosocial issues as opposed to the more clearly defined medical issues.

Let me first indicate something about the development of my course. When I first decided to teach such a course, I decided to implement a 2 credit hour class, under an "open seminar" rubric, as is traditional with new classes. I was concerned about negative reactions, but much to my surprise, everyone from the chair on up was highly supportive. In fact, it was the chair who suggested I look into teleconferencing the class. Teleconferencing was excited about the class, and it was videotaped, and will be teleconferenced around the state in the fall. I also petitioned for, and had approved, a 3 hour, junior level class, which will be offered next spring.

Perhaps the first issue to address is the nature of the class. To a great

extent, this will vary with the location of the university. Students coming from areas in which AIDS is more visible, with higher infection rates, and more clear of an impact, may have been exposed to a number of the issues as they have encountered various individuals and public debates. They may have very sharply formed views, which can prevent them from being able to understand differing views. Similarly, individuals in areas that have not been greatly impacted, may have less personal feelings about AIDS-related issues, and while they may have formed opinions, they may be more open to newer information.

For the present, as so few courses seem to be offered, most instructors offering these courses appear to have personal reasons for implementing these courses: that is, most have been touched by AIDS or AIDS-related issues, either in their own lives or through the experiences of friends, family, and loved ones. This is a benefit, in that it provides an important motivation to become involved in teaching about these issues. It may, however, have a drawback. The presentation of material may be consciously or unconsciously slanted to represent certain perspectives. While one could argue that a more activist perspective needs to be taken around many of the AIDS-related issues, one could also argue about the most effective methods of presentation, or the need for objectivity in teaching. Perhaps the only resolution to this issue would be for an instructor to be direct with a class about any personal perspectives to be taken.

There are many important reasons for increasing the number of these courses offered. First, the more we can educate students, at all levels, about AIDS, the greater the likelihood we can reduce the spread of the

epidemic. We must also prepare individuals, however, for the friends, family, clients, and others with whom they will live, work, and share lives, who will confront AIDS. AIDS is more than a biological disease process: it is an emotionally demanding process that requires courage, hope, faith, and the ability to resist the biologically and psychologically pernicious, roller-coaster processes that follow AIDS.

At present, such classes, to the best of my knowledge, are not required in any psychology departments in which they are offered. As many traditional college students do not see the issues as directly relevant to them, classes are likely to be composed of those who are sympathetic with, or concerned by the issues, or those who have had involvement with AIDS-related issues or experiences. This will mean, of course, that an instructor will have an involved, non-confrontational class, likely not to take positions on AIDS that are reflective of more conservative, right-wing, or religious-right perspectives.

As Wyoming has to this point been relatively unaffected by AIDS as compared to most states, let me provide an illustration. Of the 17 students who took the class, 3 had friends who were HIV+ or who had AIDS. One student was himself HIV+. Another was a recovering IV drug user, who although HIV- was quite concerned about the issues. There were four nursing students, 2 of whom had worked in situations in which there were AIDS patients, while the other two were concerned about these issues, and had experience in hospice work. One student worked with delinquent youth. He had originally taken a course on the psychology of human sexuality that I teach. His homophobic

attitudes changed greatly during that course, and he was incredibly moved by the section on AIDS, and particularly by the PWA who spoke to the class. Not only did he take the class on AIDS the next semester, but he is now trying to find a job with one of the AIDS Education and Prevention groups.

It is likely that as courses like this are more widely offered, particularly as they may be required for certain majors such as nursing, students with more negative attitudes about HIV related issues, and particularly towards individuals with AIDS, may take these classes. Such a situation might well create functional or dysfunctional polarities between class members, or between some class members and instructors.

Finally, as we have seen occasionally, principally with courses on human sexuality, community members may become involved with, or enraged over courses about AIDS, particularly if they deal frankly with sexual material. It is likely that smaller colleges, particularly those located in more rural or conservative areas, might be more vulnerable. Consultation with administrative personnel about material that is potentially controversial could be of help, although this should not be allowed to become a form of censorship.

ISSUES TO BE COVERED IN SUCH A COURSE

To a great extent, the issues to be covered, and how they will be covered, will depend on the interests of the instructor, as well as her or his theoretical grounding in psychology. I would like to describe briefly the reasons for the issues I selected, and some of the subtopics presented, as well as some overview as to reading and A-V materials. The first session should not only provide an overview of the class, but if it is a small enough group, I would encourage discussion amongst class members as to why they have

taken the course, and what they hope to get from it.

I devote the first two sessions to Medical Aspects/Issues. In this I cover the basics of what is known about the HIV infection process. I also discuss current treatments, both more conventional and less conventional, and provide handouts for information about them. I also discuss methods of HIV transmission, and ways to prevent transmission, particularly as they relate to safer sex and methods for IVDU's. Sex guilt, homophobia, and issues related to use/non-use of contraception by adolescents (and others) are discussed. I cover briefly universal medical precautions, and provide a handout based on CDC recommendations. In a more medically-oriented course, this might be expanded. We also discuss educational and preventive interventions, both from their ability to help individuals understand how to protect themselves and others, as well as from the controversies they create (i.e. making condoms available to adolescents; needle exchange programs).

As part of this first section, I have shown a segment from 60 Minutes, "Dr. Day is Quitting," about a surgeon who had taken elaborate precautions to protect herself and her staff from perceived threats, and who is ceasing practice. This also facilitates a discussion of medical and dental professionals, and their feelings about HIV, gay men, IVDU's, persons of color, and others who have been marginalized by society and discriminated against.

The second topic I discuss, in the third class meeting, is Death and Dying: Life and Living. We talk about the experiences of HIV+ and individuals diagnosed with ARC/AIDS, both as they confront a grieving process,

and as they confront the challenge to create new meaning and hope. We also discuss issues related to family, friends, loved ones, and caregivers, including survivor's guilt.

The third topic centers on homosexuality. As this has been so closely tied to AIDS in the public mind, I consider it important to deal with early in the semester. Issues around our collective sex guilt and homophobia are explored, as well as the medical and psychosocial theories about homosexuality. I have found it very useful to discuss social psychological theories of prejudice, attitude formation and change, dogmatism, and conformity/obedience to authority.

As we have now moved into human issues, I have used a videotape of the production of As Is. I had been encouraged to show An Early Frost, as it presents a more conventional family confronting the issues, but I selected As Is because I felt it did not "sanitize" the issues. I think it would be easier to discuss negative reactions towards characters or lifestyles than to deal with a student who felt the portrayal was dishonestly positive. At least for the class I have taught, the reaction was overwhelmingly emotionally positive. I will show the same video in the teleconferenced course (rented at each site). It also allows us to come back to many of the issues discussed around homosexuality (promiscuity, transitory relationships, common needs and feelings, homophobia, etc.).

The next topic involves IV Drug Use. I should note I also include material on steroid use, as many teenagers injecting steroids illicitly will buy them from a "dealer" who will often pass around a non-disposable syringe. Again, we discuss our conceptions and misconceptions about IVDU's, and the

increasing numbers of women and children affected.

The fifth major topic involved the Third World, Minorities, Women, and Children. When I next teach this class, and have additional time, I will divide it into the Third World first, and then Minorities, Women, and Children in the U.S. I think it important that we understand what has happened in Africa and the Caribbean, what is happening here, and the lessons we must learn before it is too late (if it is not too late now).

I considered the first part of the semester to be an overview of major issues, and had a midterm exam for two reasons. First, I knew the class would be small, and I was able to have an essay question about each topic, which I hoped would help students draw the material together. Second, I had some concern that without an exam students would skim the readings (at best), and listen to lectures without thinking about the material and retaining their integrations of it. Also, in future semesters when the class might be larger, I did not want students taking it because there was no work required.

The second half of the semester I saw as focused on more specific and narrow issues, though ones which taken together are important in understanding the psychosocial implications of AIDS.

Psychoneuroimmunology was the first of these. We hear increasingly, both in the journals and in the popular press about this topic, and as it so closely relates to AIDS, I consider it important. We discuss the theories and the promising, but limited research that has been done. We also discuss techniques adapted from these theories (i.e. visualization, relaxation, hypnosis), and the promises and limitations of each. We also discuss how

individuals may need to individualize and adapt such programs for themselves. I would recommend a video of Louise Hay or similar groups focusing on healing.

Next we discuss issues confronting health care and helping professionals. This includes not only professionals, but paraprofessionals, volunteers, family, and friends - all of those likely to be involved in caring for someone with AIDS. We discuss again the often chronic and roller-coaster nature of HIV, and the stresses and strains others will feel. The need for support for caregivers is discussed.

The Legal Implications of AIDS is discussed, including such topics as disability and handicapped status, social security and other benefits, and discrimination (including the issues for an HIV+ individual), issues around dying and disability (living wills, the rights of lovers vs. family). Important cases are reviewed for their implications.

The last of the topics in this section is Religious Issues. I showed a Nightline segment that preceded the Catholic Bishops changing their policy that had allowed the teaching of condoms as a possibility for disease prevention purposes (they changed from affirmative to negative). We discussed the issues confronting someone who is diagnosed in terms of religiously-based feelings of guilt and punishment, the views of others that might parallel this, religiously-based attitudes toward homosexuality, and the attitudes of and the training of clergy to deal with HIV-related issues. This might be a highly controversial topic for some individuals and groups. I would recommend, unless an expert outside speaker is brought in, that the instructor be sensitive to the potential issues, and knowledgeably prepared around particular issues (e.g. the differences in the interpretation of different biblical

passages).

As the class had now covered a great deal of theoretical material, as well as important issues, I thought it important to return to the human issues of AIDS, so that we could better understand them, discuss them, and integrate the theoretical material. Common Threads was shown, to illustrate the variety of individuals affected by AIDS, and the uniqueness of each experience. Again, this was a very positive and moving experience for the class.

The last of the formal class meetings I consider to be the most important. I have a Panel of Persons with AIDS, hopefully reflecting as diverse backgrounds as possible. The impact on the class is moving and dramatic. One might argue this should be done earlier in the semester, but I had a very positive sense about providing it as the true human capstone for the class.

In our last class meeting, we have an open discussion, coming back to the students' gains in knowledge, feelings about the material, and where they plan to go from here. The more informal and open this can be, the better. Unfortunately, if class sizes grow, it may be necessary to divide the class into groups, or to alter the format for this type of discussion.

There was a final in the course, and, again, it was given in the same format, and with the same motivations as the midterm.

I had students read And the Band Played On, and had them turn in a short paper describing their reaction to the book, and the character they found most memorable. Although many might not have read the book until late in the semester, I think all found it important and meaningful. For those who

read it earlier in the semester, there was a greater awareness of a number of issues.

Students also did a more traditional paper in which they explored an area related to AIDS in which they wished to become more expert. There was the general range in quality one would expect from undergraduate papers.

ADDITIONAL ISSUES FOR THE INSTRUCTOR

First, in order to teach this course, not only should an instructor be reasonably knowledgeable about the issues, but the individual must be willing to keep current. This means reading medical journals periodically, such as JAMA, NE J Medicine, Science, Scientific American, and perhaps Lancet, but also to be willing to track down original sources for items summarized on television and radio, or in the newspaper. Students will often ask about these.

Second, an instructor will need to review a wide variety of text, and articles in the literature, to determine the combinations that will be best for the course. As the course I taught last year was a 2 credit class, I used a basic text [Corless, I. B. & Pittman-Lindeman, M. (Eds.) (1988) AIDS: Principles, Practices, & Politics. NY: Hemisphere] There is a larger, reference edition that is more comprehensive, but that seemed to expensive for this course. This was supplemented with outside readings for various topics, placed on reserve in the library. As there seems not to be one text suited for a class focusing on psychosocial issues, an instructor will have to do a great deal of outside reading to select the best combinations, and as new material emerges, and older theories are discarded or revised, contents must be changed.

Third, while the use of AV is helpful, there are real copyright restrictions. This may not be problematic for most classroom use, but it is for teleconferencing. There are issues around the duplication of material, and sending material out to other sites. While most college classes pass relatively unnoticed, a controversial class violating copyright restrictions might be called into question. Although I don't expect controversy, for videotaped sections I used during the original class we will substitute transcripts purchased for these sections in the teleconferenced class.

Although in this course I used outside speakers only for the PWA panel, other speakers for other topics can be extremely useful. I did use videos to illustrate a number of points, but in the context of Wyoming, there were few speakers to tap. We have a local group that works on AIDS-related issues, the Southeast Wyoming AIDS Project, but as I am highly involved with that, I was able to present the information about the group. Certainly most other areas will have a greater resource of speakers.

Let me end my talk with how I begin the first meeting of this class. I truly hope that events will shortly make classes like this unnecessary. Until that occurs, we must increase our efforts to make such classes available. Despite the grim realities with which we deal, teaching this class can be meaningful and rewarding. One can see definite and positive attitude changes in class members, even where they began the semester concerned about the issues. Similarly, as we battle this epidemic, this may be a small contribution which will have a ripple effect, and may be important for humanizing the understanding of AIDS-related issues, as well as for educational and preventive interventions.